



Cosmetology, Barbering, Esthetics, and/or Manicuring Apprentice Salon Shop Data Sheet

Salon Information

Please type or print in dark ink

SALON NAME			E-MAIL ADDRESS		
BUSINESS MAILING ADDRESS		CITY	STATE	ZIP	
BUSINESS PHYSICAL ADDRESS		CITY	STATE	ZIP	
BUSINESS TELEPHONE NO. ()			FAX NO. ()		
BUSINESS OWNER(S) NAME <i>LAST</i>		<i>FIRST</i>	<i>MIDDLE</i>		

Total Number of Hours Required For Course Completion

Curriculum 1	BARBER	COSMETOLOGY	ESTHETICS	MANICURING
Curriculum 2	BARBER	COSMETOLOGY	ESTHETICS	MANICURING

Authorized Signatories – Salon Owner and Instructors

Name: <i>Last</i> <i>First</i> <i>Middle</i>			This Section for Official Use Only				
			License No.	Issue Date	Exp. Date	Status	L&I Approval
			Approving Signature X _____ Date _____				

I have carefully read the information provided herein and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the laws of the state of Washington that the information provided by me is true and correct. Should I furnish any false information, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of the school license in the state of Washington.

X _____
Signature of Salon Owner City State Zip Date

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Subject to Public Disclosure Provisions Under RCW 42.56**

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